Standards of Care

Phoenix EMA Ryan White Part A Program

Revised 01.17.12

These Standards of Care
have been developed by the Standards Committee
of the

PHOENIX EMA
RYAN WHITE
PLANNING COUNCIL

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Contents

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Universal Standards

Approved October 2010

Universal Standards of Care allow for the provision of uniform methods for service delivery, monitoring, eligibility and fiscal accountability across the continuum of care within each service category.

Goals

- Ensure that minimum standards are met across all service categories by providers.
- Ensure services are provided in a confidential manner.
- Ensure services are culturally and linguistically appropriate.
- Ensure that all clients are aware of their rights and responsibilities.
- Ensure providers appropriately screen eligible clients for services within the scope of their service category.

Desired Outcomes

Service providers will demonstrate core competency as delineated in these Universal Standards in service delivery, monitoring and fiscal accountability.

90% of client charts document that clients were appropriately screened for eligibility for services.

90% of client charts contain a signed Ryan White release of information.

90% of client charts have a signed acknowledgement of the receipt of a Client Rights and Responsibilities statement, or a provider notation of a clients' refusal to sign.

90% of client charts have a signed acknowledgement of the receipt of a Grievance Procedure statement, or a provider notation of a clients' refusal to sign.

Vendor Level Standards

STANDARD: Code of Ethics.

MEASURE: Providers have a written code of ethics.

STANDARD: All Ryan White Part A Services will be provided to eligible and qualified clients regardless of age, gender, race/ethnicity, immigrant status, sexual orientation, gender identity or any basis prohibited by federal civil rights law.

MEASURE: Providers have written policies and procedures with language that includes non-discrimination.

STANDARD: All Ryan White Part A Service Providers will maintain a grievance procedure that provides for the review of client grievances in an objective manner.

MEASURE: Providers have a written grievance process and, where applicable, are in compliance with accrediting bodies or licensing requirements, and are in compliance with the Ryan White Part A Program Grievance Protocol.

STANDARD: All Ryan White Part A services will be provided in a confidential and respectful manner.

MEASURE: Providers have written policies on protected client information that are in compliance with state and federal laws.

STANDARD: ***Verification of Eligibility:*** All Service Providers will ensure each client's eligibility and qualification for services under Part A of the Ryan White Treatment Extension Act of 2009, in a manner consistent with HRSA guidelines as described in the Maricopa County Ryan White Part A Program Policy Manual.

MEASURE: The originating agency's client chart contains supporting documentation of client eligibility:

- Client income
- Residency
- HIV-positive status
- Confirmation that Ryan White Part A is the payer of last resort

MEASURE: Each agency's client chart contains supporting documentation of a current signed Ryan White release of information.

STANDARD: ***Cultural Competency:*** All Ryan White Part A Service Providers will provide culturally and linguistically appropriate service for all clients and demonstrate compliance with the following National Standards for Culturally and Linguistically Appropriate Services [CLAS] in Health Care (U.S. Department of Health and Human Services, Office of Minority Health).

MEASURE: Providers have written policies and procedures to address compliance with CLAS standards.

MEASURE: Providers comply with their written policies and procedures regarding CLAS standards.

STANDARD: ***Continuity of HIV Service Delivery (provider relationships):*** All Ryan White Part A Service Providers will maintain relationships with other Ryan White, and non-Ryan White, HIV/AIDS health and social services available within the EMA.

MEASURE: Providers have documentation of existing relationships (such as MOUs, letters of support, collaborative agreements and contracts) with Ryan White and non-Ryan White providers of HIV/AIDS health care and social services.

STANDARD: ***Continuity of HIV Service Delivery (referral process):*** All Ryan White Part A Service Providers will establish and maintain a written process for referrals for all clients needing services outside of the Provider's agency.

MEASURE: Providers have documentation of policies and procedures to address the establishment and maintenance of a process to make referrals outside of the provider's agency.

STANDARD: All Ryan White Part A Service Providers will develop an improvement process based on the Quality Management plan.

MEASURE: Providers address all items on the Quality Management plan and implement improvements as appropriate.

STANDARD: ***Client Rights and Responsibilities:*** All Ryan White Part A Service Providers have a statement of Client Rights and Responsibilities in compliance with the Administrative Agency.

MEASURE: Providers maintain a statement of Client Rights and Responsibilities.

STANDARD: ***Client Rights and Responsibilities:*** All Ryan White Part A Service Providers will take the necessary actions to ensure that services are provided in accordance with the statement of Client Rights and Responsibilities and that each client is informed of his/her rights and responsibilities.

MEASURE: Client charts contain a signed statement of Client Rights and Responsibilities or an annotation referencing clients' refusal to sign to a statement.

AIDS Drug Assistance Program (ADAP Treatments)

Approved April 2006

AIDS Drug Assistance Program (ADAP treatments) is a State-administered program authorized under Part B of the Ryan White Program that provides FDA-approved medications, as determined by the Part B formulary committee, to low-income individuals with HIV disease who have limited or no coverage from private insurance, Medicaid, or Medicare.

Goals

- Provide eligible clients with medications (and appropriate counseling for the use of medications) that are included on the Part B ADAP formulary as determined by the Arizona Department of Health Services Part B AIDS Drug Assistance Program (ADAP) Formulary Workgroup.
- Comply with the State of Arizona requirements for the provision of primary medical care, and the Planning Council's Universal Standards of Care.

Desired Outcomes

Decrease medication errors.	External medication error rate not to exceed **2 per 1,000** prescriptions filled.

Client Level Standards

STANDARD: Provide medications as prescribed by a licensed medical practitioner.

MEASURE: Prescription matches the order in the chart.

STANDARD: Provide appropriate counseling when dispensing medications as required by the Arizona State Board of Pharmacy.

MEASURE: Client's name is listed on counseling list indicating counseling was given.

MEASURE: State board inspection reports.

STANDARD: Monitor proper dosing, drug interactions and drug utilization.

MEASURE: Dosing order in chart matches provider's order.

MEASURE: Potential drug interactions are reviewed by the pharmacist and noted in the patient profile.

MEASURE: Indications for drug utilized matches provider order.

Vendor Level Standards

STANDARD: Pharmacists will be licensed by the Arizona State Board of Pharmacy and maintain CEUs as required by the state licensing board.

MEASURE: Proof of current licensure available on site.

STANDARD: Provide only medications covered under the Part B ADAP formulary.

MEASURE: Medications provided are on the Part B ADAP formulary.

STANDARD: Provide medications via mail when it is determined that mailing would best meet the need of the client.

MEASURE: Mailing service is available as needed by clients.

STANDARD: Medications available for pickup or mailed within 3 business days to the client.

MEASURE: Written policy delineates medications are available or will be mailed within 3 business days.

Emergency Financial Assistance

Approved October 2008

Emergency Financial Assistance is the provision of short-term payments to assist with emergency expenses related to essential utilities and housing.

Goal

- Improve adverse socioeconomic situations that negatively impact clients' ability to focus on receiving continued medical and dental care.

Desired Outcomes

Improve adverse socioeconomic situations that negatively impact clients' ability to focus on receiving continued medical and dental care.	**80%** of charts reviewed will indicate that eligible clients received timely assistance with rent payments avoiding eviction. **80%** of charts reviewed will indicate that eligible client utility bills were processed within one week of contact with a case manager to ensure continuation of utility services.

Vendor Level Standards

STANDARD: All services are delivered in accordance with the client eligibility criteria and procedures outlined in the Ryan White Part A Program Policies and Procedures, Financial Assistance Program policy manual.

MEASURE: Client chart documents that appropriate procedures were followed, as defined in the Client Eligibility Criteria, and Eligible Costs and Services sections of the Policies and Procedures. Please refer to the current copy of Ryan White Part A Program, Policies and Procedures, Financial Assistance Program.

STANDARD: Clients meet eligibility criteria for services.

MEASURE: Eligibility documented in client chart.

STANDARD: All services are delivered in a timely manner, in accordance with procedures outlined in the Ryan White Part A Program Policies and Procedure, Financial Assistance Program policy manual.

MEASURE: Client chart documents timeline of service provision, as defined in the Procedures section of the Policies and Procedures. Please refer to the current version of Ryan White Part A Program, Policies and Procedures, Financial Assistance Program.

Food Bank/Home-Delivered Meals

Approved August 2010

Food Bank/Home-Delivered Meals include the provision of actual food or meals. It does not include finances to purchase food or meals. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item. Includes vouchers to purchase food.

Goals

- Provide healthy, well balanced nutritious meals and supportive nutrition information to improve/sustain clients overall health status.
- Provide clients with options for obtaining food services, including food bank/home-delivered meals (food boxes), and congregate meals.
- Sustain nutritional adequacy to compliment clinical care and promote positive health outcomes.

Desired Outcome

Improve clients' health by increasing knowledge of appropriate dietary intake.	**75%** of clients will receive a medical nutritional therapy assessment by a registered dietitian to ensure appropriate dietary intake is monitored and appropriate nutritional information is dispensed.

Vendor Level Standards: All Services

STANDARD: Provider will have appropriate licensing and be compliant with the Maricopa County Environmental Services Department Arizona Administrative Code - R9-8-140.

MEASURE: Current business license or other applicable license for agency is posted and current (if applicable):

- Current health department inspection (if applicable)
- Food bank permit
- Food handlers card (if applicable)
- Food managers card (if applicable)

Vendor Level Standards: Food Boxes

STANDARD: Food bank boxes will be in compliance with the Maricopa County Environmental Services Department Arizona Administrative Code - R9-8-140 and the USDA Basics for Handling Food Safely.

MEASURE: All food items must not show any signs of pest infestation (rodent and/or insects), spoilage such as mold, mildew or other growths, and no signs of infiltration of chemicals, liquids, or other items.

- Perishable food is refrigerated within 2 hours of receiving
- Refrigerator is at 40°F or below
- Freezer is at 0°F or below
- Meat, fish and poultry are frozen unless they are to be dispensed within 24 hours
- Meat and poultry should be wrapped securely to prevent juices from contaminating other food items
- Canned foods that are high in acid can be stored for 12-18 months
- Canned foods that are low in acid (meats, fish, and most vegetables) can be stored for 2-5 years
- Storage area is clean, dry, cool, preferably dark environment
- Storage racks/shelving must be National Safety Foundation-approved or made of wood that has been sealed to prevent absorption of liquids either spilled or leaked from damaged food containers
- Storage rooms/closets for canned goods should be kept at 80ºF or lower, lower humidity, and secured to prevent tampering with food items
- All food items must be stored above the ground to help prevent rodent infestation and contamination from possible minor flooding
- Non-food items, especially chemicals, must not be stored over food items
- Storage room temperature for produce should not exceed 72ºF to ensure freshness
- Utilize the first in/first out system (FIFO) for inventory control
- Monthly temperature logs on refrigerators and freezers

STANDARD: Food placed in food boxes will be safe for consumption. Containers will not be damaged. No contraindicated food items for people living with HIV are stocked or distributed (as defined by the USDA Food Safety for People with HIV/AIDS guidelines).

MEASURE: Sampled food boxes and stored items meet the following guidelines:

Canned food containers:

- Cans are not dented
- Item should not exceed expiration date
- Cans with dents, leaks, rust or bulging must be discarded

Boxed and dry packaged containers:

- Should not be opened or punctured
- Containers that have tears or openings will be discarded
- Check that the seal has not been torn or damaged

- Item should not exceed that expiration date

Glass or plastic food containers:

- Should not be broken or cracked
- Check that the jar is sealed. If seal is broken, discard the jar
- Item should not exceed expiration date

Bagged and sacked food containers:

- Should not be opened or punctured
- Item should not exceed expiration date

Fruits and vegetables:

- Should be fresh and not be spoiled
- Item should not exceed expiration date

STANDARD: Food box contents shall be nutritionally adequate.

MEASURE: Food boxes will consist of the following:

- 12 complete meals
- Each meal will provide 1/3 of the USDA guidelines for one adult
- Food items that are considered "discretionary calories" by the USDA MyPyramid (such as fats, sugars and salt) are allowed, but are not be considered as a food items that fulfill the USDA guidelines
- Foods will be discarded after the final expiration date
- Dried or frozen foods will be discarded according to the guidelines established by the current USDA Basics for Handling Food Safely

STANDARD: Agency will have policies that are compliant with the Maricopa County Environmental Services Department Arizona Administrative Code - R9-8-140 and the USDA.

MEASURE: Agency has written policies and procedures that address the following:

- Acquisition and display of appropriate County Environmental Services Department licenses/permits
- Licensure and/or permits requirements/ training
- Repacking of food items that are received in packages of large quantities (Bulk items)

STANDARD: Food will be transported in the appropriate manner.

MEASURE: Agency has written policies and procedures that address the following:

- Refrigerator/freezer vehicles, portable iced coolers or freezers will be utilized to transport refrigerated and frozen foods
- Food items will be kept dry and transported in an environment that will prevent contamination from non-food items and/or infestation of pests
- Food items are transported in a manner that avoids any damage to food containers or the food items themselves

STANDARD: Food Bank staff and volunteer supervisors will be trained to handle food appropriately.

MEASURE: Agency has documentation that paid staff and volunteer supervisors have attended food handling training related to:

- Nutritional adequacy of food boxes
- Identifying clients for RD referral
- Optional meal accommodations and considerations
- Safe food handling practices

Vendor Level Standards: Congregate Meals

STANDARD: Congregate meals will be in compliance with the Maricopa County Environmental Services Department Arizona Administrative Code - R9-8-140 and the USDA RDA.

MEASURE: Each meal must contain food items that fulfill the following requirements:

- Each meal will contain 1/3 of the USDA RDA for one adult
- Food items that are considered "discretionary calories" by the USDA MyPyramid (such as fats, sugars and salt) are allowed, but are not be considered as a food items that fulfill the USDA guidelines

STANDARD: Agencies will have policies and procedures.

MEASURE: Agency will have written policies and procedures that address the following:

- Stocking and distribution of contraindicated food items for people living with HIV (as defined by the USDA Food Safety for People with HIV/AIDS guidelines)
- Meals should be consumed on site. Food items remaining after meal service are handled according to Maricopa County Department of Public Health, Environmental Services guidelines

STANDARD: Providers will participate in appropriate training.

MEASURE: Provider will demonstrate knowledge/education and maintain documentation of education and training that will include but not limited to:

- Appropriate menu planning as defined by the USDA Food Safety for People with HIV/AIDS guidelines
- Basic nutrition education

STANDARD: Congregate members are referred to the mobile registered dietitian.

MEASURE: Documentation that clients were offered a referral to the mobile registered dietician.

Health Insurance Premium/Cost Sharing Assistance

Approved October 2008

Health Insurance Premium & Cost Sharing Assistance is the provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical and dental benefits under health insurance programs. This includes premium payments, risk pools, co-payments, and deductibles.

Goals

- Improve adverse socioeconomic situations that negatively impact clients' ability to receive continued medical and dental care.
- Maintain client's access to medical and dental care.

Desired Outcomes

Improve adverse socioeconomic situations that negatively impact clients' ability to focus on receiving continued medical and dental care.	**80%** of charts reviewed will indicate that eligible clients received timely assistance with rent payments avoiding eviction. **80%** of charts reviewed will indicate that eligible client utility bills were processed within one week of contact with a case manager to ensure continuation of utility services.
Improve client's access to medical and dental care	**80%** of individual's charts submitting requests for financial assistance will indicate the requests had been processed and approved prior to the cancellation of health insurance benefits. **80%** of charts reviewed will indicate eligible clients had their medical and dental co-pays/prescription costs paid within one week of request .

Vendor Level Standards

STANDARD: All services are delivered in accordance with the client eligibility criteria and procedures outlined in the Ryan White Part A Program Policies and Procedures, Financial Assistance Program policy manual.

MEASURE: Client chart documents that appropriate procedures were followed, as defined in the Client Eligibility Criteria, and Eligible Costs and Services sections of the Policies and Procedures.

Please refer to the current copy of Ryan White Part A Program, Policies and Procedures, Financial Assistance Program.

STANDARD: Clients meet eligibility criteria for services.

MEASURE: Eligibility documented in client chart.

STANDARD: All services are delivered in a timely manner, in accordance with procedures outlined in the Ryan White Part A Program Policies and Procedure, Financial Assistance Program policy manual.

MEASURE: Client chart documents timeline of service provision, as defined in the Procedures section of the Policies and Procedures.

Please refer to the current version of Ryan White Part A Program, Policies and Procedures, Financial Assistance Program.

Legal Services

Approved May 2008

Legal Services are the provision of services to individuals with respect to powers of attorney, do-not-resuscitate orders and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the Ryan White Program. It does not include any legal services that arrange for guardianship or adoption of children after the death of their normal caregiver.

Goals

- Assist HIV positive clients with civil legal needs that are related to their diagnosis.
- Reduce civil legal concerns that may negatively impact clients' ability to actively remain in medical care.

Desired Outcomes

Reduce clients' civil legal concerns by providing competent legal services.	**100%** of charts are reviewed by a supervising attorney. **90%** of charts (that contain legal documents) reviewed by a supervising attorney indicate that legal documents were appropriately prepared by non-lawyer assistants.

Client Level Standards

STANDARD: Assessment will be aligned with identified referral source (agency or self-referral). Intake and service delivery will be provided accordingly.

MEASURE: Client chart contains documentation of the following:

- Client is contacted within 10 days of initial referral for intake
- Whether intake occurred in person or via the telephone (agency or self-referral)
- Legal issues presented by client
- Legal service(s) provided

STANDARD: Appropriate referrals and linkages to care are provided.
MEASURE: Client chart documents that linkages to care are provided, which may include:

- Case management
- Mental health services
- Primary medical care
- Community support services
- Substance abuse services

STANDARD: Case Closure.

MEASURE: Client chart documents legal service resolution or lack of resolution and rationale.

Vendor Level Standards

STANDARD: Agency will be compliant with the Arizona Rules of Court. Rule 42. (Arizona Rules of Professional conduct) subsection 5.3 (Responsibilities Regarding Non-lawyer Assistants).

MEASURE: Non-lawyer assistants will be supervised by an attorney approved to practice in the state of Arizona.

STANDARD: Agency will have written policies and procedures.

MEASURE: Agency has written policies and procedures describing:

- How to conduct an intake
- Timely processing of wills, power of attorney upon confirmed contact with client
- Attorney involvement in legal processes
- Case closure
- Grievance procedures

Medical Case Management

Approved November 2011

Medical Case Management Services (including treatment adherence) are a range of client-centered services designed to ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, provided by trained professionals, including both medically credentialed and other health care staff who are part of the clinical care team, through all types of encounters including face-to-face, phone contact, any other forms of communication and activities that include at least the following:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Coordination of services required to implement the plan
- Continuous client monitoring to assess the efficacy of the plan
- Periodic re-evaluation and adaptation of the plan at least every 6 months, during the enrollment of the client

Goals

- All eligible new (or newly diagnosed) and returning to care (out-of-medical care for a minimum of six months and/or out of the Ryan White continuum of care for 1 year) clients will be referred to medical case management.

Objectives

- Facilitate access to primary medical care through a process of linkage to medical services and reduce barriers to care.
- Facilitate access to community services as a process of enabling linkage to medical care and other needed services.

Desired Outcomes

Improve clients' health by increasing access to primary medical care and the support services necessary to reduce barriers to care, as shown by:

90% of client charts have documentation of access to primary medical care within 3 months of initial assessment.

80% of client charts have documentation that treatment adherence was discussed with the client.

100% of client charts contain a comprehensive individualized care plan.

Client Level Standards

STANDARD: ***Part A Eligibility:*** After the establishment of Part A eligibility, the following timelines for entry into services are adhered to:

- Upon referral to Medical Case Management agency assignment to a case manager is completed within 3 business days
- Initial contact with client, initial medical case management assessment and care plan completed within 10 business days of assignment to case manager

MEASURE: Client chart documents case manager assignment, initial client contact, initial medical case management assessment and completion of care plan occurred in compliance with established timeframe.

MEASURE: Clients chart documents circumstances regarding why case manager assignment, initial client contact, initial medical case management assessment and completion of care plan did not occur within established timeframe.

STANDARD: ***Client Contact:*** Contact with client, initiated by the medical case manager, will occur at least quarterly, and will include at least one face to face annually.

MEASURE: Client chart documents that case manager initiated contact with client occurred in compliance with established timeframe.

MEASURE: Clients chart documents circumstances regarding why case manager initiated contact with client did not occur within established timeframe.

STANDARD: ***Medical Case Management Assessment & Service Needs:*** The client's medical case management assessment provides the foundation for the care plan.

MEASURE: Each client's initial assessment and each client's once annual assessment (once within any consecutive 12 month period) will include a review of the following areas:

Medical
Treatment adherence
Dental
Nutritional
Mental Health
Psychosocial
Substance abuse
Financial
Educational
Social Support
Legal needs
Transportation
Housing
Risk reduction
Cultural factors
Life Skills
Functional capabilities

STANDARD: ***Medical Case Management Comprehensive and Individualized Care Plan:*** At a minimum the medical case management comprehensive and individualized care plan will contain:

MEASURE: Each client's comprehensive individualized initial and periodic (revised every six (6) months) care plan shall outline the range of services required to implement the plan with one or more goals for each identified need and all appropriate referrals.

STANDARD: ***Clinical Care Team Identification and Communication:*** HRSA Part A Medical Case Management Standards has made mandatory the need for the Medical Case Manager to identify the Clinical Care Team (CCT) and to establish and maintain communication with the team in order to provide coordination of services required to implement the client(s) comprehensive, individualized care plan. The medical case manager will be responsible for documentation in the client chart as follows:

MEASURE: Listing Client's individualized Clinical Care Team Members by:

- Category of service/care
- Agency Name
- Staff Member
- Contact Information and Preferred Method(s) of Communication
- Dates and subject of communication

STANDARD: ***Ongoing Documentation Requirements:*** After initial and periodic medical case management assessment and care plan completion, the ongoing documentation in each client's chart will include:

MEASURE: Client's chart documents the periodic re-assessments and adaptation of the care plan at least every 6 months, or as necessary to meet the clients need. Reassessments reflect client's progress in obtaining services and changes in client status.

MEASURE: Client's chart documents the coordination of services required to implement the client's comprehensive individualized medical case management care plan.

MEASURE: Client's chart contains documentation of all contacts, or attempts to contact, the client regarding progress toward goals and the status of referrals.

MEASURE: Client's chart documents monitoring to assess the efficacy of the care plan for the types of services provided, including: the types of encounters/communication; duration and frequency of encounters.

MEASURE: All medical case management assessments and care plans will include the client's signature and date.

MEASURE: The medical case management care plan reflects a timeline for all goals and service referrals agreed upon by the client and case manager.

MEASURE: The medical case management care plan goals reflect the projected treatment end date agreed upon by the client and case manager.

MEASURE: The medical case management care plan reflects the planned minimum number, frequency and types of contacts.

MEASURE: Supervisor reviews a sample of client charts, within 30 business days after completion of a new or updated assessment and care plan, to ensure all required record components are present and planned services are appropriate. At a minimum, the sampling methodology will comply with HIVQUAL standards.

STANDARD: ***Case Closure:*** A client chart will be closed when deemed necessary by client circumstances, including but not limited to, verifiable notification of client's death, moving out of the Phoenix EMA, incarceration for more than 30 consecutive days, lost to contact, or documented client-initiated withdrawal from the Ryan White Part A program.

MEASURE: The client's chart includes a closure note which documents criteria for closure within ten business days of notification of the status change.

Vendor Level Standards

STANDARD: ***Educational Qualifications for Medical Case Managers:*** Medical case managers maintain a level of education or experience necessary to provide appropriate service to HIV clients.

MEASURE: Preferably, medical case managers will have a minimum of a bachelor's degree from an accredited college in a field related to case management such as social work, nursing, public health or other human services related field.

MEASURE: Comparable professional knowledge, skills, and abilities that documents four years of experience specific to case management may be substituted for the degree. Case management training may include psychosocial assessment of clients; interdisciplinary care coordination; monitoring of health and social service delivery to maximize efficiency/cost-effectiveness; knowledge of the resources available to target populations; development and utilization of client-centered care plans; data privacy and confidentiality.

STANDARD: Policies and Procedures comply with Medical Case Management Standards.

MEASURE: Agency has written policies and procedures that comply with Phoenix EMA Ryan White Part A medical case management standards.

Medical Nutritional Therapy: Adult

Approved July 2011

Medical Nutrition Therapy is provided by a licensed registered dietitian outside of a primary care visit and includes the provision of nutritional supplements. Medical nutrition therapy provided by someone other than a licensed/registered dietitian should be recorded under psychosocial support services.

Goals

- Maintain appropriate nutritional status.
- Maintain body weight at 95-100% of usual body weight levels.
- Ensure that client/family understands the importance of nutrition related to HIV/AIDS.
- Provide nutrition/hydration education, including on-going nutrition education for patients/families with HIV throughout disease state.
- Counteract nutrition-related medical problems associated with HIV/AIDS.

Desired Outcomes

Improve clients' health by increasing knowledge of appropriate Medical Nutrition Therapy and monitoring nutritional status.	**75%** of charts reviewed for monitored weight will indicate that clients maintained a body weight at 95-100% of usual body weight levels. **75%** of the charts document that client/family have been educated on the role of nutrition and HIV. **75%** of charts document that a review of oral intake was conducted and compared with calculated calorie requirement at initial visit.

Client Level Standards

STANDARD: ***Nutritional Assessments:*** Nutrition assessments and interventions must follow recommended guidelines based on the recommended current guides provided by the American Dietetic Association.

MEASURE: Chart will include as appropriate an assessment:

- Assessment of intake (24-hour recall and food frequency)
- Evaluation of weight changes
- Evaluation of medical history, lab values for nutrient deficiencies (when available)
- Evaluation of medications for food/drug interactions
- Anthropometric measurements such as height/weight, Body Mass Index (BMI), or Bioelectrical Impedance Analysis (BIA) as available
- Diet history, such as: Eating difficulties (including dentation), food allergies, stooling, emesis, oral supplements or enteral feeding, ethnic or religious food ways; food preferences, availability of food; eating environment
- Degree of malnutrition (wasting, chronic vs. acute) or obesity; lipodystrophy
- Client or family knowledge of nutrition status and dietary intake and weight maintenance goals and HIV
- Evaluation of physical activity
- Evaluation of smoking, illicit drug use, and alcohol use

STANDARD: An individual treatment plan will be based on a nutrition assessment.

MEASURE: Client chart documents evidence of a treatment plan that complies with the HRSA Part A Program Standards.

MEASURE: Client chart documents that treatment plans for all current clients are reviewed at each appointment. Treatment plans will include:

- Weight maintenance goals
- Estimated nutrition needs (calories, protein, fluid, supplementation) and concomitant disease states
- Nutrition prescription (diet changes, need for nutrition or vitamin/mineral supplementation)
- Nutrition education needs
- Plan for monitoring and follow-up
- Planned number and frequency of sessions
- Projected treatment end date

MEASURE: Client chart documents that the treatment plan has been implemented (as applicable).

STANDARD: Client receives nutrition education.

MEASURE: Client chart documents that the client/family received nutrition education, which may include:

- Role of nutrition (dietary intake, lifestyle, nutritional status, recommendations regarding not breast feeding) on HIV and medical status
- Strategies to achieve optimal intake
- Appropriate healthy eating guidelines
- Food/water safety
- Food/medication interactions
- Need for vitamin/mineral or nutritional supplementation
- STANDARD: Appropriate referrals and linkages to care are provided.
- MEASURE: Client chart documents that linkages to care are provided, which may include:
- Case management
- Psychiatric assessment
- Primary medical care
- Community support services
- Substance abuse services
- Vendor Level Standards

STANDARD: Dietitians must be registered through the Commission on Dietetic Registration.

MEASURE: Dietitians have current registration through the Commission on Dietetic Registration.

MEASURE: All non-registered staff are supervised by a Registered Dietitian.

MEASURE: Current registration certificate from the Commission on Dietetic Registration is on file.

STANDARD: Agency has established policies regarding nutritional assessments and treatment plans.

MEASURE: Agency has written policies describing how to conduct and develop appropriate nutritional assessments and treatment plans.

Medical Nutritional Therapy: Pediatric

Approved July 2011

Medical Nutrition Therapy is provided by a licensed registered dietitian outside of a primary care visit and includes the provision of nutritional supplements. Medical nutrition therapy provided by someone other than a licensed/registered dietitian should be recorded under psychosocial support services.

Goals

- Maintain appropriate nutritional status.
- Maintain body weight at 95-100% of usual body weight levels.
- Ensure that client/family understands the importance of nutrition related to HIV/AIDS.
- Provide nutrition/hydration education, including on-going nutrition education for patients/families with HIV throughout disease state.
- Counteract nutrition-related medical problems associated with HIV/AIDS.

Desired Outcomes

Improve clients' health by increasing knowledge of appropriate Medical Nutrition Therapy and monitoring nutritional status.	**75%** of client charts document normal growth and weight gain as defined by a BMI or weight/height greater than the 5th percentile, within six months of the implementation of the treatment plan. **75%** of the charts document that client/family have been educated on the role of nutrition and HIV.

Client Level Standards

STANDARD: Nutrition assessments and interventions must follow recommended guidelines based on the current guides provided by the American Dietetic Association.

MEASURE: All newly diagnosed clients and new clients are referred for an initial nutritional assessment within three months.

MEASURE: All current clients are reviewed every six to twelve months.

MEASURE: Chart will include an assessment of:

- Prenatal/neonatal history, gestation, corrected age.
- Anthropometric measurements, such as: Weight, weight percentile, weight change, weight age, height/length, height/length percentile, height/length age, Body Mass Index (BMI), BMI percentile, Oral Facial Circumference (OFC), OFC

percentile, triceps skinfold (TSF), TSF percentile, Mid-upper arm circumference and percentile, arm muscle area and percentile growth, weight gain history, and usual weight

- Diet history, such as: Food allergies, feeding difficulties, stooling, emesis, using formula (not breast feeding), enteral feeding and tolerance, ethnic or religious food ways; food preferences, availability of food; eating environment
- Medications & food medication interactions; vitamin/mineral supplements; oral supplements (route of medication administration)
- Lab values and medical history reviewed
- Degree of malnutrition (wasting, stunting, chronic vs. acute) or obesity; lipodystrophy
- Client or family knowledge of nutrition status and dietary intake and their effect on growth, weight gain and HIV
- Patient/family's readiness for nutrition education and lifestyle change

STANDARD: An individual treatment plan will be based on a nutrition assessment.

MEASURE: Client chart includes documented evidence of a treatment plan that complies with the HRSA Part A Program Standards.

MEASURE: Client chart documents that newly diagnosed clients and new clients receive a treatment plan within three months.

MEASURE: Client chart documents that treatment plans for all current clients are reviewed every six to twelve months.

MEASURE: Treatment plans will include:

- Weight gain/loss goals
- Estimated nutrition needs (calories, protein, fluid)
- Nutrition prescription (diet changes, need for nutrition or vitamin/mineral supplementation)
- Nutrition education needs
- Plan for monitoring and follow-up
- Planned Number and frequency of sessions
- Projected treatment end date

MEASURE: Client chart documents that treatment plan has been implemented.

STANDARD: Clients and families receive nutrition education.

MEASURE: Client charts documents that the client/family received on-going developmentally and age-appropriate nutrition education.

MEASURE: Client charts documents that the client/family received nutrition education, which may include:

- Role of nutrition (dietary intake, lifestyle, nutritional status, recommendations regarding not breast feeding) on HIV and medical status.
- Strategies to achieve optimal intake
- Developmentally appropriate healthy eating guidelines
- Food/water safety

- Food/medication interactions
- Need for vitamin/mineral or nutritional supplementation

STANDARD: Appropriate linkages to care are provided.

MEASURE: Client chart documents that linkages to care are provided, which may include:

- WIC and other supplementary food programs
- Case management
- Primary medical care
- Community support services

Vendor Level Standards

STANDARD: Dietitians must be registered through the Commission on Dietetic Registration.

MEASURE: Dietitians have current registration through the Commission on Dietetic Registration.

MEASURE: All non-registered staff are supervised by a Registered Dietitian.

MEASURE: Current registration certificate from the Commission on Dietetic Registration is on file.

STANDARD: Agency has established policies regarding nutritional assessments and treatment plans.

MEASURE: Agency has written policies describing how to conduct and develop appropriate nutritional assessments and treatment plans.

Medical Transportation Services

Approved April 2008

Medical Transportation Services include conveyance services provided, directly or through voucher, to a client so that he or she may access health care services.

Goals

- Provide public transportation for clients to access HRSA-defined core services (primary medical care, oral health services, substance abuse services, mental health services, medical nutritional therapy, and medical case management).
- Provide taxi services for clients who do not have access to other means of transportation and are incapable of taking public transportation to these same services.

Desired Outcome

Provide access to primary medical care and support services for eligible clients.	**80%** of eligible clients self-report decreased barriers to primary medical care due to availability of transportation services.

Client Level Standards

STANDARD: Client eligibility for taxi utilization will be determined using the criteria that no other means of transportation are available and the client is incapable of taking public transportation.

MEASURE: Client will be determined incapable of taking public transportation by chart documentation of the barrier to care, which may include one of the following:

- Lack of availability of personal or public transport
- Traveling with children
- Safety reasons
- Extreme weather
- Documented health issues

Vendor Level Standards

STANDARD: Transportation requests are authorized and/or coordinated by Case Management.

MEASURE: Case manager documents the authorization of access to transportation.

MEASURE: Response to a request for transportation will be documented and completed within 3 business days of client's request.

MEASURE: Case management will maintain a Taxi Log indicating the time/date requested by the client, the cab company that provided service, the destination, and the time/date service was provided.

MEASURE: Case management will maintain a Bus Pass Log of all bus passes sold and includes client signature.

STANDARD: Contracted vendors for transportation provide timely services and respect clients' individual needs.

MEASURE: Clients' complaints are documented concerning on-time performance and customer service concerns.

MEASURE: Follow-up is documented by the service provider and the vendor.

STANDARD: Transportation service agency maintains policies and procedures.

MEASURE: Policies are available on site and must include:

- The point of origin and return for transportation services must be within Maricopa or Pinal County
- Availability of transportation during after hours and weekends
- Contracted taxi companies serve individuals with disabilities
- Taxi drivers maintain a valid Arizona driver's license
- Transportation agencies are licensed for commercial transportation
- Transportation agencies maintain state-required insurance

Mental Health Services

Approved July 2011

Mental Health Services are psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists, licensed clinical social workers and licensed counselors.

Goals

- Assist HIV-positive clients with reduction of symptoms related to mental health disorders thereby reducing barriers to medical care
- Provide psychiatric evaluation and medication monitoring if indicated
- Comply with the State of Arizona requirements for the provision of behavioral health services, and the Planning Council's Universal Standards of Care

Desired Outcomes

Improve clients' health by decreasing symptoms of mental health disorder thereby reducing barriers to medical care.

90% of treatment goals are addressed and 50% are met, upon completion of mental health treatment.

Clients' average GAF scores **improve by 5%** within 6 months or upon discharge.

100% of clients receive an assessment prior to implementing the treatment plan.

100% of clients have a completed treatment plan within 90 days from the clients' first visit.

100% of treatment plans address primary medical care needs and make appropriate referrals as needed.

Client Level Standards

STANDARD: ***Licensing:*** As per ADHS guidelines A.A.C. Title 9 Chapter 20, professional staff will be licensed or supervised by a licensed behavioral health professional; as per ADHS guidelines A.A.C. Title 9 Chapter 20, agencies will be licensed for behavioral health services.

MEASURE: All staff are licensed and licenses are current.

MEASURE: All unlicensed staff are supervised by a licensed behavioral health professional.

MEASURE: Current license for agency is posted and current.

STANDARD: ***Assessment:*** Assessment will occur that is compliant with ADHS guidelines A.A.C. Title 9 Chapter 20.

MEASURE: Chart will include as appropriate an assessment within seven days after initiating or updating, which documents the following:

- Referral to a medical practitioner if indicated
- Presenting issue, substance abuse history, co-occurring disorder, medical condition and history, legal history, family history, behavioral health treatment history and signature of staff member conducting the assessment
- Initiation of assessment before treatment is started
- Approval of or provision of assessment by a licensed behavioral health professional
- Assessment must be updated every 12 months

STANDARD: ***Treatment Plan:*** A treatment plan must be completed that is compliant with HRSA Part A Standards and ADHS guidelines A.A.C. Title 9 Chapter 20.

MEASURE: Treatment plan must include:

- Client's presenting issue
- Identification of entities to provide all services
- Signature of client or guardian
- Signature and title of behavioral health professional and date completed
- One or more treatment goals
- One or more treatment methods
- Frequency of treatment sessions
- Projected treatment end date
- Date the treatment plan shall be reviewed
- Discharge planning, which includes education on relapse prevention
- MEASURE: Initial treatment plan or Individual Service Plan must be:
- In place prior to any services being rendered
- Initiated within 30 days by behavioral health professional
- Completed with client participation
- Based on assessment conducted

MEASURE: Individual Service Plan must be completed and documented no later than 90 days after client's first visit with a behavioral health professional.

STANDARD: Treatment is delivered per the individual's treatment plan.

MEASURE: Treatment plan is reviewed:

- At least annually
- When a goal is accomplished or changes
- When additional information that affects the client's assessment is identified
- When a client has a significant change in condition or experiences an event that affects treatment

STANDARD: Appropriate referrals and linkages to care will be provided.

MEASURE: Necessary referrals are documented for one or more of the following:

- Case management
- Psychiatric assessment
- Primary medical care
- Community support services
- Substance abuse services

STANDARD: ***Discharge:*** Discharge from Mental Health Services occurs that is compliant with ADHS guidelines A.A.C. Title 9 Chapter 20.

MEASURE: Clients are discharged according to agency discharge criteria when treatment goals are achieved or when treatment needs are not consistent with agency services.

MEASURE: Discharge summary must:

- Be signed by a behavioral health professional
- Include client's presenting issue and other behavioral health issues identified in treatment plan
- Include summary of the treatment provided to the client
- Include progress in meeting treatment goals
- Include referrals as needed

MEASURE: Clients who are involuntarily discharged have a right to submit a grievance.

Vendor Level Standards

STANDARD: Agency follows policies.

MEASURE: Agency has policies describing:

- How to conduct an assessment
- Discharge criteria
- Grievance procedures

Non-Medical Case Management

Approved January 2011

Non-Medical Case Management includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.

Goal

- Facilitate access to community services as a process of enabling linkage to medical care and other needed services, and reducing barriers to care.

Desired Outcomes

Improve clients' health by increasing access to support services necessary to reduce barriers to care.	**100%** of active client charts will contain a care plan. **90%** of active client charts document applicable service referrals.

Client Level Standards

STANDARD: After the establishment of Part A eligibility, the following timelines for entry into services are adhered to:

- Intake initiated within 10 business days of initial client contact
- Assignment to a case manager completed within 3 business days of completed intake
- Contact with client by the assigned case manager completed within 3 business days
- Initial assessment and care plan completed within 10 business days of assignment to a case manager

MEASURE: Client's chart documents that intake, assignment to a case manager, case manager's contact with client, initial assessment and completion of a care plan occurred in compliance with the established timeframe.

MEASURE: Client chart documents circumstances regarding why client intake did not occur within the completed timeframe.

STANDARD: ***Intake:*** All clients are screened to determine the need for case management services to provide linkages into primary medical care and/or community services.

MEASURE: Client's chart contains intake documentation establishing the need for case management services, including the client's signature acknowledging this determination.

STANDARD: ***Assessment:*** Upon establishing need for services, client's assessment provides the foundation for service planning and delivery. When it is appropriate and safe, it is preferable to conduct assessments in the home setting; however they may be conducted elsewhere.

MEASURE: Client chart will contain an assessment which includes, at a minimum:

- Medical
- Social,
- Community
- Legal
- Financial
- Other needed services

STANDARD: ***Care Plan:*** Clients must participate in the development of a care plan based on the findings of initial assessment.

MEASURE: Care plan will include client signature.

MEASURE: The care plan reflects a timeline for the completion of identified goals and all service referrals.

MEASURE: Supervisor reviews initial care plan within 30 days to ensure all required record components are present and planned services are appropriate.

STANDARD: ***Identification of Resources and Referrals:*** Based on assessment, the case manager will identify applicable resources, inform the client of those resources, and provide appropriate referrals and/or encourage client to make contact with providers.

MEASURE: Documentation of applicable resources and referrals are in the client chart.

STANDARD: Case managers maintain monthly contact with active clients to monitor progress toward identified goals and the status/efficacy of referrals.

MEASURE: Client chart contains documentation of monthly contact with the client regarding progress toward goals and the status/efficacy of referrals.

MEASURE: Client chart documents circumstances regarding why client contact did not occur and/or attempts to locate client.

STANDARD: ***Reassessment:*** Active clients are reassessed at six month intervals for changes in service needs and update their care plan.

MEASURE: Client chart contains documentation of reassessment at six month intervals.

MEASURE: Reassessment reflects client progress in obtaining services needed and changes in client status.

MEASURE: Client chart documents that all client care plans were updated by the case manager.

STANDARD: ***Case Closure:*** Upon completion of the care plan, death, client choice, or ineligibility, the client's chart will be moved to self-managed or closed status.

MEASURE: Client chart includes documentation of a closure note within ten working days of the status change.

Vendor Level Standards

STANDARD: ***Educational Qualifications:*** Case managers will have a level of education or experience necessary to provide appropriate service to HIV clients.

MEASURE: Case managers will have a bachelor's degree from an accredited college in a field related to case management such as social work, nursing, public health or other human services related field; or

MEASURE: Comparable professional knowledge, skills, and abilities that documents at least three years of experience specific to case management may be substituted for the degree. Case management training may include psychosocial assessment of clients; interdisciplinary care coordination; monitoring of health and social service delivery to maximize efficiency/cost-effectiveness; knowledge of the resources available to target populations; development and utilization of client-centered care plans; data privacy and confidentiality.

STANDARD: Agency has written policies and procedures.

MEASURE: Agency has written policies and procedures.

Oral Health Care: Dental Insurance Program

Approved November 2009

Oral Health Care includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers. May include Emergency Financial Assistance for uncovered Oral Health Care for the above services.

Goals

- Provide clients access to oral health care thereby reducing barriers to care
- Improve overall client health care

Desired Outcomes

Service providers will demonstrate core competency in service delivery, monitoring and fiscal accountability

90% of clients will be processed for enrollment into the program within 10 working days of the receipt of the application, once eligibility is determined.

< 10% of clients dis-enroll on a monthly basis.

Vendor Level Standards

STANDARD: All submitted enrollment forms will be processed monthly.

MEASURE: Applications of clients with established eligibility are processed within 10 working days.

MEASURE: All client enrollment forms are dated.

MEASURE: The dental insurance administrators will maintain a summary list of all submitted client names and their client ID number.

STANDARD: All enrolled clients will be offered a membership packet.

MEASURE: All membership packets will include, but are not limited to, the following:

- Insurance coverage approval letter
- Member identification card
- Benefit summary sheet
- Provider booklet
- Benefits explanation booklet
- Statement of client rights and responsibilities
- Grievance form

STANDARD: When applicable, clients will receive written notification of denial of coverage.

MEASURE: Client files document the applicant was mailed an insurance denial letter.

STANDARD: Enrolled clients will receive written notification of renewal of coverage or cancellation of coverage.

MEASURE: Client files indicate that a notice of renewal or cancellation status was sent by mail within 10 working days of determination.

MEASURE: Renewal approval letter documented in the client's file includes the end date of the insurance coverage period for the renewal.

STANDARD: All clients are reassessed at six month intervals for changes in service needs and care plan must be updated.

MEASURE: Change of status forms are made available as specified in the program administrator's policies and procedures.

Oral Health Care: Direct Dental Program

Approved November 2009

Oral Health Care includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers. May include Emergency Financial Assistance for uncovered Oral Health Care for the above services.

Goals

- Provide clients access to oral health care thereby reducing barriers to care
- Improve overall client health care

Desired Outcomes

Improve and maintain oral health.	**75%** of clients receive an annual exam. **50%** of clients initiate their treatment plan. **25%** of clients are on track with their treatment plan.
Address inflammatory periodontal disease.	**75%** of clients receive an initial periodontal exam, and follow-up exam as appropriate.

Client Level Standards

STANDARD: Baseline health history will be performed and documented by a licensed dental provider prior to the first treatment visit.

MEASURE: Client chart indicates that a baseline health history was conducted prior to the first treatment.

STANDARD: The baseline health history should be consistent with the American Dental Association guidelines.

MEASURE: The baseline health history may include, but is not limited to, the following:

- Co-morbidities
- Allergies and drug sensitivities
- Current medications
- Heart problems
- Kidney problems

- Alcohol use
- Recreational drug use
- Hepatitis A, B and C
- Tobacco use history
- General health and surgery history
- Joint replacement and presence of pins
- Review and update of medical history at recall appointments, or more frequently if the patient's health requires it

STANDARD: Client has received an oral examination.

MEASURE: Client chart includes documented evidence of an oral examination. Evidence may include, as applicable:

- X-rays
- Head and neck cancer exam
- Periodontal exam
- Caries assessment
- Examination results are documented in client chart
- Existing conditions are documented in client chart

STANDARD: ***Informed Consent:*** All clients must provide written permission for treatment.

MEASURE: Signed consent is documented in the client chart.

STANDARD: ***Treatment Plan:*** All clients must participate in the development of a treatment plan based on the findings of an initial assessment.

MEASURE: Client chart includes documented evidence of treatment plan, which may include:

- Proposed treatment
- Scheduled follow-up appointments
- Health education

MEASURE: Client chart includes an acknowledgement that treatment plan was explained.

STANDARD: Appropriate referrals and linkages will be provided.

MEASURE: Specialty care referrals are documented.

MEASURE: Linkages to other services are documented.

STANDARD: Client is provided oral health care according to treatment plan.

MEASURE: Evidence of treatment plan follow-through is documented in client chart.

Vendor Level Standards

STANDARD: Each practitioner will be licensed by the Arizona State Board of Dental Examiners.

MEASURE: Current license is displayed or readily available.

STANDARD: All staff will have current licensing/certification for appropriate functions performed.

MEASURE: All staff have appropriate licensing/certifications displayed or readily available.

STANDARD: Appropriate access to care will be provided.

MEASURE: Written policies include:

- A medical emergency policy
- A policy to address emergency same-day service

Outpatient Ambulatory Medical Care

Approved March 2010

Outpatient/Ambulatory Medical Care (Health Services) is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

Methodologies for Review

All providers of this service will, at a minimum, be held to the following standards of care. However, if a provider participates in HIVQUAL, the results of a HIVQUAL review may be used as the basis for the development of a Part A quality evaluation and corrective action plan when HIVQUAL is noted as the quality measure to be used per the provider contract.

Goals

- Provide eligible clients with quality health care and strive for improved life by slowing or preventing disease progression and reducing mortality rates as a result of HIV-disease through medical care that follows the standards of the PHS guidelines
- Compliance with the State of Arizona requirements for the provision of primary medical care, and the Planning Council's Universal Standards of Care
- Understand and address the co-morbid issues that many HIV-positive individuals have and consider psychosocial issues that may impact the client when developing and implementing treatment plans

Desired Outcomes

Outcomes and target percentages will be reviewed annually to reflect EMA wide trends in achievable compliance and/or desired improvement.

60% of reviewed client records will document that viral loads have been measured at least every six months.

60% of reviewed client records will document that the client's CD4 counts have been measured at least every six months.

60% of reviewed client records of new clients who are women/sexually active adolescent females will document the client received a PAP smear annually. NOTE: Adolescent screenings are conducted per PHS guidelines.

60% of reviewed client records for sexually active adult and adolescents will document the client received, at a minimum, an annual syphilis screening.

60% of reviewed client records will document that the client was screened for tuberculosis at least annually if indicated.

Client Level Standards

STANDARD: A baseline medical evaluation will be completed within 90 days, and will include documentation of medical and social history.

MEASURE: Client chart indicates that the baseline medical evaluation was completed within 90 days from the first visit with the medical provider.

STANDARD: The baseline medical evaluation will follow current PHS guidelines.

MEASURE: The baseline evaluation will include, but is not limited to, the following and will be documented in client chart:

- HIV antibody testing (if laboratory confirmation not available)
- CD4 cell count
- Plasma HIV RNA
- Complete blood count; chemistry profile and serum lipids; complete metabolic profile; urinalysis; RPR or VDRL if client is sexually active; Toxoplasma gondii IgG; hepatitis A, B, and C serologies; and PAP smear in women.

STANDARD: Medical history will include thorough documentation of HIV-specific information.

MEASURE: Client history will include:

- HIV status
- Pregnancy history
- Allergies
- History of surgeries or procedures
- Current and past medications
- Mental health/substance use history
- Treatment history
- Past medical conditions
- Immunization history

STANDARD: Social history will include thorough documentation of HIV-specific information and will follow current PHS guidelines.

MEASURE: Client social history will include:

- An assessment of substance abuse, economic factors, social support, mental illness, and co-morbidities
- Documentation of the client's utilization of case management services, including their case manager's name and agency (when applicable)

STANDARD: Appropriate referrals and linkages to care will be provided.

MEASURE: Client chart documents, when applicable:

- Specialty care referrals
- Referrals made to case management/social work
- Referrals made to substance abuse treatment/mental health services

STANDARD: Pediatric-specific treatment will follow current PHS pediatric guidelines and include age-appropriate developmental evaluation and ongoing growth assessments.

MEASURE: Client chart documents:

- An age-appropriate developmental evaluation
- Ongoing growth assessments
- Appropriate referrals to nutritional counseling
- Appropriate referrals to mental health services
- Clients are assessed and receive vaccinations as per current Recommended Immunization Schedules for Pediatrics from CDC as client's condition permits

STANDARD: Medical treatment for all clients will include the following and be documented in client chart.

MEASURE: Client charts will document:

- Measurement of CD4 count at least every 3-6 months
- Measurement of viral load at least every 3-6 months
- HCV status, documented and updated as appropriate per PHS guidelines

- An annual screening for TB.
- An annual syphilis serology
- Women/sexually active female adolescents received an annual PAP smear. **NOTE:** Adolescent screenings are conducted per PHS guidelines.
- Appropriate PCP prophylaxis per PHS guidelines for clients with a CD4<200
- Appropriate MAC prophylaxis per PHS guidelines
- Recommended Immunization Schedules for Adults, Adolescents, and Pediatrics from CDC as client's condition permits
- Antiretroviral therapy is initiated per current PHS guidelines
- An assessment of treatment adherence, and follow up as appropriate

Vendor Level Standards

STANDARD: Adult and Pediatric HIV care will follow current PHS guidelines.

MEASURE: Current PHS guidelines and/or a policy requiring utilization of guidelines are readily accessible, either in hard copy on-site or via online.

STANDARD: Medical provider credentials are appropriate for treating HIV/AIDS.

MEASURE: All licensed medical providers treating adult clients should show evidence of:

- Credentialing from the American Academy of HIV Medicine, or 20 hours of HIV-related CMEs per year, plus
- On-going, active medical management of 20 or more HIV clients

MEASURE: All licensed medical providers treating pediatric clients should show evidence of:

- Credentialing from the American Academy of HIV Medicine
- On-going, active medical management of 20 or more pediatric HIV clients

STANDARD: Appropriate access to care will be provided.

MEASURE: Vendor has documentation of:

- A triage policy that includes urgent care capability or same-day service
- An acute care policy, including procedures for hospital admissions

Psychosocial Support Services

Approved September 2008

Psychosocial Support Services are the provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. Includes nutrition counseling provided by a non-registered dietitian but excludes the provision of nutritional supplements.

Goals

- Assist HIV/AIDS clients with reduction of symptoms related to psychosocial stressors thereby reducing barriers to medical care
- Provide group interaction in addressing common psychosocial issues

Desired Outcomes

Improve client health by decreasing symptoms of psychosocial stressors thereby reducing barriers to medical care.	**80%** of records (e.g., group logs) will demonstrate appropriate documentation of service delivery. Client surveys will demonstrate: **80%** of respondents will reflect self-reported improvement of psychosocial issues discussed in support groups or one-on-one sessions. **80%** of respondents will rate support group or one-on-one sessions as "good" or "excellent" in discussing the importance of staying in medical care.

Client Level Standards

STANDARD: Facilitation of support groups and/or one-on-one sessions by non-licensed staff or peers.

MEASURE: Documentation will consist of the following:

- A sign-in log that includes support group's name, discussion topic, date, participants' name and facilitator's name
- Survey has been conducted to assess psychosocial support effectiveness

STANDARD: Appropriate referrals and linkages to care will be provided by the psychosocial support agency.

MEASURE: Documentation for any of the following, as appropriate:

- Case management
- Mental health services
- Pastoral counseling
- Bereavement counseling
- Child abuse and neglect counseling
- Primary medical care;
- Community support services
- Substance abuse services
- Medical nutrition therapy
- Vendor Level Standards

STANDARD: Agency will have appropriate policies referencing current support practices.

MEASURE: Agency has written policies describing the following:

- How to facilitate a support group or one-on-one session, as applicable
- When to inform a certified, registered or licensed clinician of a client's mental health or health care issues
- How to handle disruptive clients
- Supervision of non-clinical staff
- Periodic monitoring of support practices
- Selection criteria and training for non-clinical staff

Substance Abuse Services (Outpatient)

Approved July 2011

Substance Abuse Services (Outpatient) is the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel.

Goals

- Assist HIV-positive clients with cessation of substance abuse thereby reducing barriers to medical care
- Provide psychiatric evaluation and medication monitoring if indicated
- Comply with the State of Arizona requirements for the provision of Substance Abuse Services, and the Planning Council's Universal Standards of Care

Desired Outcomes

Improve clients' health through reduction of barriers to medical care by decreasing substance abuse.

90% of treatment goals are addressed and 50% are met upon completion of substance abuse treatment.

Clients' average GAF scores **improve by 5%** within 6 months or upon discharge.

50% of clients report a reduction in substance use.

100% of clients have a completed treatment plan within 90 days from the clients' first visit.

100% of treatment plans address primary medical care needs and make appropriate referrals as needed.

Client Level Standards

STANDARD: ***Licensing:*** As per ADHS guidelines A.A.C. Title 9 Chapter 20, professional staff will be licensed or supervised by a licensed behavioral health professional. As per ADHS guidelines A.A.C. Title 9 Chapter 20, agencies will be licensed for behavioral health services.

MEASURE: All staff are licensed and licenses are current.

MEASURE: All unlicensed staff are supervised by a licensed behavioral health professional.

MEASURE: Current license for agency is posted and current.

STANDARD: ***Assessment:*** Assessment will occur that is compliant with ADHS guidelines A.A.C. Title 9 Chapter 20.

MEASURE: Chart will include as appropriate an assessment, within seven days after initiating or updating, which documents the following:

- Referral to a medical practitioner if indicated
- Presenting issue, substance abuse history, co-occurring disorder, medical condition and history, legal history, family history, behavioral health treatment history and signature of staff member conducting the assessment
- Initiation of assessment before treatment is started
- Approval of or provision of assessment by a licensed behavioral health professional
- Assessment must be updated every 12 months

STANDARD: ***Treatment Plan:*** A treatment plan must be completed that is compliant with HRSA Part A Program Standards and ADHS guidelines A.A.C. Title 9 Chapter 20.

MEASURE: Treatment plan must include:

- Client's presenting issue
- Identification of entities to provide all services
- Signature of client or guardian
- Signature and title of behavioral health professional and date completed
- One or more treatment goals
- One or more treatment methods and frequency of each treatment
- Projected treatment end date
- Date the treatment plan shall be reviewed
- Discharge planning which includes education on relapse prevention

MEASURE: Initial treatment plan or Individual Service Plan must be:

- In place prior to any services being rendered
- Initiated within 30 days by behavioral health professional
- Completed with client participation
- Based on assessment conducted

MEASURE: Individual Service Plan must be completed and documented no later than 90 days after client's first visit with a behavioral health professional.

STANDARD: Treatment is delivered per the individual's treatment plan.

MEASURE: Treatment plan is reviewed:

- A least annually
- When a goal is accomplished or changes
- When additional information that affects the client's assessment is identified
- When a client has a significant change in condition or experiences an event that affects treatment

STANDARD: Appropriate referrals and linkages to care will be provided.

MEASURE: Necessary referrals are documented for one or more of the following:

- Case management
- Psychiatric assessment
- Primary medical care
- Community support services

STANDARD: Appropriate referrals and linkages to care will be provided.

MEASURE: Client chart documents:

- Specialty care referrals
- Referrals made to case management/social work
- Referrals made to substance abuse treatment/mental health services

STANDARD: ***Discharge:*** Discharge from substance abuse treatment occurs that is compliant with ADHS guidelines A.A.C. Title 9 Chapter 20.

MEASURE: Clients are discharged according to agency discharge criteria when treatment goals are achieved or when treatment needs are not consistent with agency services.

MEASURE: Discharge summary must:

- Be signed by a behavioral health professional
- Include client's presenting issue and other behavioral health issues identified in treatment plan
- Include summary of the treatment provided to the client
- Include progress in meeting treatment goals
- Include referrals as needed

MEASURE: Clients who are involuntarily discharged have a right to submit a grievance.

Vendor Level Standards

STANDARD: Agency follows policies.

MEASURE: Agency has policies describing:

- How to conduct an assessment
- Discharge criteria
- Grievance procedures

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